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AUTHOR Mancuso, Laura L.
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ABSTRACT

This brief paper summarizes requirements of the Americans with Disabilities Act (ADA) of 1990 related to employing and accommodating workers with psychiatric disabilities. The following topics are addressed: (1) what is meant by a psychiatric disability under the ADA, its severity, and its effect on the employment of the individual; (2) popular misconceptions about people with psychiatric disabilities, including: such disabilities are uncommon; mental illness is the same as mental retardation; likely to be violent; there is no hope of recovery; and people with psychiatric disabilities can't tolerate job stress; (3) legal limitations on determining if a worker has a psychiatric disability; (4) how psychiatric disabilities may affect an individual's work performance; and (5) examples of accommodations for workers with psychiatric disabilities (such as clearly delineated performance expectations and schedules that incorporate flex-time). A listing of 12 sources of additional information is provided. (DB)

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EMPLOYING AND ACCOMMODATING WORKERS WITH PSYCHIATRIC DISABILITIES

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The ADA and Individuals with Psychiatric Disabilities

Some people are surprised to learn that the ADA covers individuals with psychiatric, as well as physical, disabilities. This is consistent with Sections 503 and 504 of the Rehabilitation Act of 1973, the federal nondiscrimination statute which preceded the ADA.

ADA coverage is limited to individuals with "physical or mental impairments" that "substantially limit one or more major life activities." The ADA also protects from discrimination individuals with a record of a disability and individuals regarded as having a disability. Thus individuals who do not currently have a physical or mental impairment that substantially limits one or more major life activities would still fall within the scope of ADA coverage if a covered entity discriminates against them based on a record of a disability or if they are regarded as being disabled.

Individuals with psychiatric diagnoses such as major depression, bipolar disorder (formerly called manic-depressive illness), and schizophrenia may be covered, depending on how the condition affects their functioning. Individuals with other psychiatric conditions (such as anxiety, personality, dissociative, or post-traumatic stress disorders) may also be included in the ADA definition.

The ADA does not usually cover impairments that do not last for a long period of time and that have little or no long term impact on the individual. For example, individuals with mild or short-term mental health problems usually will not meet the ADA's definition of disability.

There is much debate about preferred terminology for referring to individuals with psychiatric disabilities. Some commonly used terms are "the mentally ill," "person with a psychiatric disability," "mental health consumer," and "psychiatric survivor." However, we will use the term "person with a psychiatric disability" here because it emphasizes work functioning rather than medical symptoms or social identity.

Popular Misconceptions About People with Psychiatric Disabilities

There are many prevalent myths about individuals with psychiatric disabilities that reinforce negative, inaccurate stereotypes.

Myth #1: Mental illness is uncommon. The most recent estimates by the federal government indicate that 3.3 million American adults -- approximately 2 percent -- have a serious mental illness.

Myth #2: Mental illness is the same as mental retardation. The two are distinct disorders. A diagnosis of mental retardation is chiefly characterized by limitations in intellectual functioning, as well as difficulties with certain skills of daily life. By definition, mental retardation begins before the age of 18.

In contrast, the intellectual functioning of persons with psychiatric disabilities varies as it does across the general population. The symptoms of mental illness may include emotional disturbances, disordered thinking, or perceptual difficulties.

Mental illness may develop at any age, from childhood through later life. Bipolar disorder and schizophrenia have a high rate of onset during early adulthood. Therefore, many individuals with psychiatric disabilities enter or complete college before first experiencing symptoms.

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Myth #3: People with psychiatric disabilities are likely to be violent. Upon learning that an applicant has a history of psychiatric treatment, some employers may expect that the individual is likely to become violent. This myth is reinforced by portrayals of people with mental illnesses in movies, television, and the news media as frequently and randomly violent. According to a recent scholarly review of research literature "none of the data give any support to the sensationalized caricature of the mentally disordered served up by the media." 1

Myth #4: Recovery from mental illness is not possible. For many decades, people with mental illnesses were separated from the rest of society through institutionalization in mental hospitals. Mental illness was thought to be permanent and untreatable.

Public policies began shifting in the late 1950's and early 1960's as we realized that hundreds of thousands of American citizens were being confined unnecessarily. Medications were discovered that helped to alleviate the symptoms of mental illness, and there was a gradual evolution toward the provision of treatment and rehabilitation services in the community. Long-term studies have shown that the majority of people with mental illnesses show genuine improvement over time and lead stable, productive lives.

The success of prominent figures with mental illnesses has helped to inform the public that healing and recovery are indeed possible. Two well-known mental health advocates are Patty Duke (who frequently speaks about her own experience with bipolar disorder) and William Styron (who wrote the autobiographical book Darkness Visible about living with major depression).

Myth #5: People with psychiatric disabilities can't tolerate stress on the job. This myth over-simplifies the rather complex human response to stress. People with a variety of medical conditions - including cardiovascular disease, multiple sclerosis, and psychiatric disorders - may find their symptoms exacerbated by high levels of stress. But the sources of personal and job-related stress vary substantially from individual to individual. Some people find "an unstructured schedule" to be very stressful, while others struggle with a regimented work flow. Some people thrive on public visibility or high levels of social contact, while others need solitude to focus and be productive. Of course, workers with psychiatric disabilities vary, too, in their responses to stressors on the job.

All jobs are stressful in some regard. Productivity is maximized when there is a good match between the employee's needs and his or her working conditions - whether or not the individual has a psychiatric disability.

How will employers know if current workers or applicants have psychiatric disabilities?

Psychiatric disabilities are generally not apparent. Further, the ADA prohibits employers from asking applicants if they have psychiatric disabilities before making a job offer. Examples of pre-employment questions not allowed under the ADA include the following: Have you ever been hospitalized? Have you had a major illness in the last five years? Have you ever been treated by a psychiatrist or psychologist? How many days were you absent from work because of illness last year? Are you taking any prescribed drugs?

In order to determine whether applicants are qualified, the screening process should clarify the essential functions of the job, then seek evidence that the potential employee has the needed skills, work experience, education or other qualifications.

Given these guidelines, employers are unlikely to know if an applicant has a psychiatric disability unless he or she chooses to discuss it. For example, a worker might decide to disclose that he/she has a disability in order to request a workplace accommodation. But most workers with psychiatric disabilities don't require accommodations. Applicants and employees are often deterred from discussing their disabilities with employers by the very severe stigma associated with psychiatric disorders in our society. Disclosure is a personal decision on the part of the worker that involves many factors including trust, comfort with others in the workplace, job security, and the perceived open-mindedness and support of the immediate supervisor.

How might psychiatric disabilities affect an individual's functioning in the work place?

It is impossible to generalize about the characteristics of all people with psychiatric disabilities. When asked how their mental illness affects their functioning on the job, some workers with psychiatric disabilities cite difficulty maintaining concentration. Workers who take medications to control their psychiatric symptoms may experience side effects such as hand tremors, excessive thirst, or blurred vision. Some individuals report difficulty in focusing on multiple tasks simultaneously, particularly amid noise and distractions.

Of course, the strengths and weaknesses of each applicant or employee must be assessed individually, regardless of the presence of a disability. The worker's ability to perform a job will depend on his or her work experience, training, and skills, not merely the presence or absence of a psychiatric diagnosis.

What types of accommodations might be helpful for workers with psychiatric disabilities?

Good management practices will produce many of the workplace accommodations needed by people with psychiatric disabilities. Like all employees, workers with psychiatric disabilities may benefit from supervisors who:

- approach each employee with an open mind about his/her strengths and abilities,
- clearly delineate expectations for performance,
- deliver positive feedback along with criticisms of performance in a timely and constructive fashion,
- are available regularly during the workday for consultation with employees,
- demonstrate flexibility and fairness in administering policies and work assignments.

In addition to high quality supervision, some workers with psychiatric disabilities may benefit from one or more of the following accommodations:

- schedules which incorporate flex-time,
- part-time positions or job sharing,
- time off for scheduled medical appointments or support groups,
- the use of break time according to individual needs rather than a fixed schedule,
- physical arrangements (such as room partitions or an enclosed office space) to reduce noise or visual distractions,
- extending additional leave to allow a worker to keep his or her job after a hospitalization,
- allowing workers to phone supportive friends, family members, or professionals during the work day,
- joint meetings between the employer, supervisor, and job coach or other employment service provider.

Conclusion

One of the ADA's primary goals is to promote equal employment opportunity for people with disabilities. Achieving this goal requires employers to move beyond stereotypes and to assess the qualifications and performance of workers with psychiatric disabilities on an individual basis. Employees with psychiatric disabilities can bring unique skills and sensitivities that significantly add to the quality and diversity of the workplace.

Where can I obtain additional information?

There are a number of resource organizations which can provide helpful information on accommodations and other considerations in working with individuals with psychiatric disabilities. Some of these are (in alphabetical order):

ADA Regional Disability and Business Technical Assistance Center Hotline, (800) 949-4232 (voice/TTY).

Bazelon Center for Mental Health Law, 1101 15th Street, NW, Suite 1212, Washington, DC 20005, (202) 467-5730.

Center for Mental Health Services, Community Support Program, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-3653.

Center for Psychiatric Rehabilitation, Boston University, 730 Commonwealth Avenue, Boston, MA 02215, (617) 353-3550.

Equal Employment Opportunity Commission, 1801 L Street, N.W., Washington, DC, 20507, 800-669-4000 (Voice) to reach EEOC field offices; for publications call (800) 800-3302 or (800)-669-EEOC (voice/TTY).

Job Accommodation Network (JAN), PO Box 6080, Morgantown, WV 26506-6080, (800) ADA-WORK (voice/TTY).

National Alliance for the Mentally Ill, 2101 Wilson Boulevard, Suite 302, Arlington, VA 22201, (703) 524-7600.

National Empowerment Center, 130 Parker Street, Lawrence, MA 01843, (800) POWER-2-U.

National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314, (703) 684-7722.

President's Committee on Employment of People with Disabilities, 1331 F Street, NW, Washington, DC 20004, (202) 376-6200 (voice), (202) 376-6205 (TTY).

Thresholds National Research and Training Center on Rehabilitation and Mental Illness, 2001 North Clayburn Avenue, Suite 302, Chicago, IL 60614, (312) 348-5522.

Washington Business Group on Health, Employer's Resource Center on the ADA and Workers with Psychiatric Disabilities, 777 North Capitol Street, NW, Suite 800, Washington, DC 20002, (202) 408-9320 (voice), (202) 408-9333 (TTY).

1 Monahan, John. "Mental Disorder and Violent Behavior: Perceptions and Evidence". American Psychologist, April 1992, Volume 47, Number 4, p. 519.

This publication was produced by Laura L. Mancuso, M.S., C.R.C., 946 West Campus Lane, Goleta, CA 93117, (805) 685-9077.

For further information contact:

ILR PROGRAM ON EMPLOYMENT AND DISABILITY
ILR Extension Building, Room 102
CORNELL UNIVERSITY
Ithaca, New York 14853-3901

Voice: (607) 255-7727 TTY: (607) 255-2891

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Employment Considerations for People who have Diabetes

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Causes of Poor Indoor Air Quality and What You Can Do About It

Working Effectively with People with Learning Disabilities

Working Effectively with Individuals who are HIV-Positive

These and other informational brochures can be accessed on the World Wide Web at:
www.ilr.cornell.edu/ped/ada

For further information about publications such as these, contact the ILR Program on Employment and Disability, Cornell University, 102 ILR Extension, Ithaca, New York 14853-3901; or at ***607/255-2906*** *(Voice),* ***607/255-2891*** *(TTY), or* ***607/255-2763*** *(Fax).*

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